

ISSUE SLIP STAMP

(Additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	(AS)	664461 57	4/16/98 4/4/98
O.I.P.E. CLASSIFIER	(5D)	872	7/2/98
FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	8/5/98
2	4/16/98
3	4/16/98
4	
5	
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15	
16	
17	
18	✓✓
19	NN
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32	
33	
34	
35	
36	
37	
38	NN
39	✓✓
40	NN
41	
42	
43	
44	
45	NN
46	NN
47	✓✓
48	✓✓
49	OO
50	VV

Claim	Date
Final	
Original	
51	✓✓
52	✓✓
53	NN
54	✓✓
55	✓✓
56	
57	
58	
59	✓✓
60	
61	
62	✓✓
63	✓✓
64	NN
65	✓✓
66	✓✓
67	✓✓
68	
69	
70	
71	
72	✓✓
73	NN
74	✓✓
75	
76	
77	✓✓
78	✓✓
79	
80	NN
81	✓✓
82	✓✓
83	✓✓
84	
85	
86	
87	✓✓
88	
89	✓✓
90	NN
91	✓✓
92	
93	✓✓
94	✓✓
95	NN
96	NN
97	✓✓
98	✓✓
99	
100	

Claim	Date
Final	
Original	
110	
112	
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If more than 150 claims or 10 actions  
staple additional sheet here